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ABSTRACT

The authors introduce some basic concepts essential to techniques for conducting interviews with the families of handicapped children. Dysfunctional and functional characteristics of a family system are outlined. Techniques for leading families into functional ways of interacting are discussed, with examples given. It is concluded that the goal in dealing with families of handicapped children is to provide a safe, supportive atmosphere where the family learns new functional patterns of interaction and ways to handle their difficulties. The role of the professional counselor is also mentioned. (SBH)

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FAMILY COUNSELING FOR THE HANDICAPPED CHILD

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The current international trend toward involving parents in planning and implementing programs for handicapped children has received a variety of reactions from professionals in the field of special education. Some see it as a positive step, that they look forward to taking. Others see it as a roadblock to good programming, and do not look forward to working with parents. In the United States, Public Law 94-142 now requires that professionals consult with parents or custodians of children with exceptional needs during every stage of special education assessment, program planning, implementation, and evaluation. There is no longer time to debate the value of this approach.

The authors of this paper have had several years of experience working with families of handicapped children. Our experience has been that working with parents for a child's welfare can be pleasant as well as productive. We know from personal experience that meeting with the whole family of a handicapped individual can bring about maximal understanding and cooperation between family and professionals and thereby make possible maximal growth. We believe that certain techniques we use in family therapy are very appropriate and effective tools for other professionals who are now required to work with parents of handicapped children.

In this paper we will introduce some basic concepts essential to our techniques and give examples of methods we use in conducting a typical interview with the family of a handicapped child.

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Basic Concepts

Viewing the family as a system, we believe that anything that happens to one member affects every other member, and thereby affects the system as a whole. The family with a handicapped child suffers many stresses which may cause the system to be dysfunctional - i.e. to function in negative ways, detrimental to all members. The progress of the handicapped child is in turn adversely affected by the family's maladaption to the problem. Our counseling goal is to lead the family into some new, positive, functional patterns of behavior in handling their difficulties.

Dysfunctional characteristics of a family system can be readily observed. A family may demonstrate any or all of the following behaviors:

1. A negative stroking pattern. Family members express critical attitudes toward one another, both verbally and non-verbally. They usually have difficulty thinking of anything they appreciate about one another when asked to do so.

2. Discounting. Individuals appear not to value, respect, or even like one another. Most of their interaction is disrespectful, "putting down" other people, or not noticing them at all. The negative stroking pattern referred to above is part of discounting behavior and may be very subtle.

3. Incomplete transactions, or interactions. Individuals, after giving their thoughts and feelings about an issue, feel as though they have not been heard or understood. They feel frustrated and annoyed, feeling that nothing has been accomplished or resolved as a result of their efforts to communicate.

4. Inappropriate owning and disowning. Individuals do not take

responsibility, either credit or blame, for their own actions, feelings, or thoughts. (For example, "If it weren't for you being so grouchy, I'd be a success!" or "If Tommy weren't mentally retarded, I could take a vacation.")

5. Living in the there-and-then rather than the here-and-now. They base unconscious and conscious decisions on conditions of the past. They use childhood behaviors which were essential to emotional survival in their early environment, even though the behavior prevents mature behavior now. They may also "live in the past" by frequently referring to other people's past mistakes or errors of judgment.

6. Afraid to change, or to risk any different behavior, people are afraid to move, either physically or emotionally. They cling to familiar ways of relating to others, even though these behaviors are unpleasant and nonproductive. They lack confidence in their own ability to improve the situation; they see no options.

Functional aspects of a family system are also readily observed.

1. Functional families demonstrate a positive way of interacting, a positive "stroking pattern"; they show respect for one another; they appear to appreciate and enjoy one another.

2. Each member of the family is respected by the others as a worthwhile individual. He can be human and real; he can be himself; he does not need to pretend to be something he isn't. His needs are considered important. His personal feelings, emotions, and opinions are allowed, and he also accepts a wide range of affect from others.

3. Functional families complete tasks done as a family, and interactions between family members. Discussions are brought to a

conclusion; decisions are made and carried out. Individuals are heard, listended to, and responded to by others.

4. Functional families usually have a clear understanding of who makes the rules. A parental coalition is clear to the parents and to the children. Parents take responsibility for setting the rules of the house. The persons who appear to have the power in the family truly do. They are not consciously or unconsciously ruled and controlled by others.

5. Parents in a functional family have resolved their own basic early conflicts (separation, adolescent, sexuality, etc.) and are able to deal with their children's problems openly and directly.

6. Functional family systems allow members to try out optional ways of behaving, to ask directly for what they need, and to respond openly to the needs of others. Conflicts are not feared and problems are thought of as soluble.

Dysfunctional family behaviors were learned. Functional ways of interacting can be taught. A skillful professional who is counseling families can teach functional behaviors, beginning even in the first session.

Techniques

In counseling sessions, we lead families into functional ways of interacting as we assist them in solving the specific problem they came to discuss.

We do this by modeling desired behavior, i.e. by doing it ourselves. We also elicit desired behavior from them by specifically requesting it, by encouraging it, and by rewarding it.

For example, a "family" comprised of seminar participants at the

Council for Exceptional Children World Congress in Stirling, Scotland, spontaneously presented typical problems of a family with a handicapped baby. A brief description of our counseling this simulated family will serve to illustrate our methods.

The volunteers played the parts of mother, father, grandmother, and 12 year old sister of an 18 month old baby they knew to be "different." In spite of early professional diagnosis of Down's syndrome, the mother was just now seeking "information" about her baby. She had been referred to us by her doctor.

The elements of our techniques were as follows:

We stroked, i.e. complimented, commented on, appreciated, the presence of each member, thus helped him/her feel at ease and at the same time modeled appreciative behavior. We reflected our belief that even a very angry person shows a lot of concern and caring as he or she puts a lot of energy and worry into what is going on. Our recognition of that caring and concern was calming and reassuring to the angry person. We asked each person in turn what he or she needed or wanted to get out of the session, and what change at home would most improve his or her life. Thus, we demonstrated that each person counts, and modeled our recognition of their importance.

Mother expressed her sadness, confusion, and inability to focus on any issue, with incomplete comments like "I just don't know . . . if only things were better . . . ." Daughter expressed her inability to separate from her mother's feeling by saying, "I just can't be happy when she's so sad; I just want her to be happy." We led Daughter through a clarification of what she can and cannot do about her mother's sorrow, and introduced her to the concept of having her <u>own</u> emotions separate from her mother's. This

issue of separateness and "owning and disowning" one's feelings frequently appears in families with a handicapped member. We invited Mother to close her eyes and imagine how she will feel "when things are better," and to describe her feelings. As she did so, her posture and facial expression gradually reflected increased composure, energy, and finally optimism. Soon, she began to focus on specific issues as they were brought up.

When the family began the session they had expressed general frustration, anguish, and despair in their situation. As each member was encouraged to openly express his unhappiness with the current situation, to express his particular need, and to ask openly for a change, the family was able to deal directly with the problem. When each one did make a clear statement of his own feelings and need, he was heard. Conflict was handled in a straightforward way. A possible solution to some of their problems had suddenly become obvious. Previously, the solution had been obscured by general anguish, feelings of guilt, blaming of others, and the desire to be good sports. Consequently, no one had been getting respite from constant duty and they were all getting in each other's way.

The father expressed a need to have some time with his wife alone and his anger at his mother-in-law for "always being around." It was important to acknowledge his feelings, express an understanding of the importance of those feelings. We then turned the resolution of the problem back to him with questions such as "How do you think you could arrange it so you would have time alone with your wife?" We demonstrated our belief that people have the power to solve their own problems. As Father and Mother began planning a weekly night out together, in exchange for a day off for Grandmother, Daughter asked to join them. Mother demonstrated her

return to focused thinking by saying firmly, "No. We'll plan another day of each week for the three of us to go out together."

As we proceeded into the discussion of options open to them, they soon found a solution to their problem of needed respite from constant baby sitting, time to be alone, and to go out together.

We did not tell them the solution to their dilemma. We let them work out their own solution by directing them to own and express their feelings, analyze and admit their needs, and speak directly to one another.

We concluded the session when the family appeared satisfied with their new plan, and at ease with each other. We made a definite appointment to discuss specifics of the baby's condition at the next session.

CONCLUSION

The goal in dealing with families of handicapped children is to provide a safe, supportive atmosphere where the family learns new functional patterns of interaction and ways to handle their difficulties. In order to do so, the professional counselor must:

1. Acknowledge each member's strengths, show respect and appreciation for each family member.

2. Be objective and understanding of each person's needs and goals. Do not take sides and avoid being a judge.

3. Be observant of what the family is doing and give them honest feedback about what you see happening as well as what you are feeling.

4. Keep activity and attention on what is currently happening and what people are willing to change.

5. Keep communication clear and open. Have the family members speak directly to one another.

6. Keep the direction focused on the issue being dealt with

until there is some conclusion.

We have found these techniques useful in teaching families new ways to deal with current situations, in helping parents provide a safe, nurturing environment so that the handicapped child can grow and prosper.

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